

CT-183

Final

New York State Department of Taxation and Finance

Transportation and Transmission Corporation Franchise Tax Return on Capital Stock

Amended Tareturn	ax Law — Article 9	, Section 183		For calendar year 2003
Employer identification number	File number	Business telephone numbe	r	If you claim an overpayment, check box
Legal name of corporation	_		Trade name/DBA	·
Mailing name (if different from legal name above)			State or country of incorporation	Date received (for Tax Department use only)
c/o				
Number and street or PO box			Date of incorporation	
City	State	ZIP code	Foreign corporations: date began business in NYS	
NAICS business code number (see instructions)	If address above is new, check box	or owner/officer information	entification number, address, on has changed, you must file r address has changed, you	Audit (for Tax Department use only)
Principal business activity		may file Form DTF-96. Yo phone, or from our Web s section of the instructions	u can get these forms by fax, ite. See the <i>Need help?</i>	
deral return was filed on: 1120		consolidated ba		
tropolitan Commuter Transportation Dis				Yes No
Payment — pay amount shown on line	11. Make check pa	vable to: New York St	ate Corporation Tax	Payment enclosed
Attach your payment here.		, and the property of the contract of the cont	ato corporation rax	
x computation (see Form CT-183	3/184-I, Instructions	for Forms CT-183 and	d CT-184)	
Tax on allocated issued capital stock f	rom line 56			• 1.
Tax based on dividend rate, from line				
Minimum tax		• •		
Tax (amount from line 1, 2, or 3, whichever				
Tax credits: Check forms filed and atta				
• CT-249 • DTF-630 • C	other credit(s) (see in	netructions)		■ 5.
Total tax after credits (subtract line 5 from				
Total prepayments from line 82	•	·	,	
Balance (if line 7 is less than line 6, subtra				
Interest on late payment (see instruction		,		
Late filing and late payment penalties	,			
Balance due (add lines 8, 9, and 10; ente	•			
Overpayment (if line 6 is less than line 7,				7
Overpayment to be credited to the nex				
Balance of overpayment (subtract line 1	•			
Overpayment to be credited to Form C				
Overpayment to be refunded (subtract)				
	·			
tification. I certify that this return and a	any attachments are			-
nature of authorized person		Official titl	е	Date
Firm's name (or yours if self-employed)		l	ID number	Date
Firm's name (or yours if self-employed) Address			Signature of individual pre	eparing this return

It may also be necessary for you to file Form CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings.*

Mail your return on or before March 15, 2004, to:

NYS CORPORATION TAX PROCESSING UNIT PO BOX 22038 ALBANY NY 12201-2038

Schedule A — Allocation percentage/issuer's allocation p	ercentage (if no alloca	ation is claimed, enter 10	0% on	line 24 or 26; see instruction
		Average va	alue fo	r the year 2003
Part I — General transportation and transmission corporations		A New York		B Everywhere
17 Accounts receivable	17.			
18 Shares of stock of other companies owned (attach list showing co	rporate			
name, shares held, and actual value)	18.			
19 Bonds, loans and other securities, other than U.S. obligations	19.			
20 Leaseholds	20.			
1 Real estate owned	21.			
22 All other assets (except cash and investments in U.S. obligation	s) 22.			
23 Total (add lines 17 through 22)	• 23.			•
24 Allocation percentage (divide line 23, column A by column B)	24.		%	
art II — Corporations operating vessels not exclusively engaged	in	А		В
foreign commerce (see instructions)		New York territorial waters		Everywhere
25 Aggregate number of working days	25.			
26 Allocation percentage (divide line 25, column A by column B)			%	
			, -	
chedule B — Assets and liabilities				As of December 31, 200
7 Total assets		•	27.	
8 Total liabilities				
9 Net worth (subtract line 28 from line 27; enter here and on line 53)			—	
O Capital stock — preferred stock			30.	
1 Capital stock — common stock			31.	
2 Paid-in capital in excess of par or stated value			32.	
3 Retained earnings (appropriated or unappropriated)			33.	
4 Add lines 28, 30, 31, 32, and 33			34.	
5 Cost of treasury stock			 	
66 Total liabilities and capital (subtract line 35 from line 34)				
Total habilities and suprial (subhast into so nom into so)		•	00.	
chedule C — Reconciliation of retained earnings				
7 Balance beginning of year				
8 Net income (attach profit and loss statement)	38.			
9 Other additions (explain)				
0 Total (add lines 37, 38, and 39)			40.	
1 Dividends	• 41.			
2 Other deductions (explain)				
	42.			
3 Total dividends and other deductions (add lines 41 and 42)			43.	
4 Balance at end of year (subtract line 43 from line 40)			44.	
15 Did this corporation purchase any of its capital stock during the	year?			
• L Yes • L No				
If Yes, attach a separate sheet showing number and kinds of	shares, consideration	received for the issu	iance	s of the shares, and
purchase price of each share.				

Scl	hedule D — C	computation	of tax base	d on the net	value	of issue	d capit	al stock			_
	Α	В	С	D			E			F	G
	Class of	Number of	Par	Amount	noid in	Sel	ling price o	during year		Average	Net value
	stock	shares as of Dec. 31, 2003	value	on each		Higl	n l	Low		selling price	(column B × column F
	Common										
	Preferred										
	No-par-value										
46	Total								Total n	net value 46	S. •
47	Multiply issued s	hares of stock on	line 46 column	R by the net va	lue ner s	hare					
••		anding at the end					47				
48		(multiply line 47 b	•				48.			-	
49		e 48 by .0015 (1)								49.	
50		sued capital st					50.				I
	Taxable base						51.			-	
	Tax (multiply lin		-							52.	
53		n line 29					53.				,
54	Taxable base										
55		e 54 by .0015 (1)								55.	
56	Tax on allocate									56.	
		·							,		
Par	t I — Tax rate o		. •	idends paid d		he year					
	Α	B Value	of	С		D		Tax rate comp		E If column D i	s 6% or more
	Class	stock on	-		D	ividend		nultiply each p	ercent (incl	uding fraction	ns of a percent)
	of	divider		Dividends		rate (C ÷ B)					Do not convert
57	Stock	were p	laiu	paid		%	F	the percenta nter tax rate h		in column D	to a decimal.
57 58	Preferred					%		nter tax rate h			
50	No-par-value					%		nter tax rate h			
60	Total					,,,		itor tax rato r	10101		
Par	t II — Tax com	putation (see i	nstructions)								
61	Par value com	mon stock (line	57, column B)				61.				
62	Taxable base	(multiply line 61 b	y line 24)				62.				
63	Tax (multiply lin	e 62 by line 57, d	column E)							63. °	
64	Par value prefe	erred stock (line	58, column B)			64.			_	
65	Taxable base	(multiply line 64 b	y line 24)				65.				
66		e 65 by line 58, c								66.	
67		n on no-par-val					67.			-	
68		(multiply line 67 b	-				68.				ı
69		e 68 by line 59, c								69.	
70		stockholder's e					70.				
71		t to tax on divid					71.			-	
72		eviously taxed (72.			-	
73 74		multiply line 72 b	-				73.			74	
74 75	Tax on allocate	<i>e 73 by .0015 (1)</i> discusd capital								74.	
10	iax on anocate	u issueu capital	Stock using all	videriu rates (a	uu iiries t	00, 00, 09, a	nu 74; en	ter riere and on	<i>IIIIe ∠)</i>	75.	

Part III — Tax rate computation based on dividends paid during the year

	Α	В	С	D		
	Paid-in capital	Dividends paid	Dividend rate (B ÷ A)	Tax rate computation — If column C is 6% or more, multiply column C by .000375 (% of a mill)		
76.			%	Enter tax rate here:		

Part IV — Tax computation

77	Taxable base (multiply line 76, column A, by line 26)	77.	
78	Tax (multiply line 77 by line 76, column D; enter here and on line 2)	78.	

Schedule F — Composition of prepayments on line 7 (see instructions)

			Section 183 amount
79	Payments with extension request, from Form CT-5.9, line 5	79.	
80	Overpayment credited from prior year	80.	
81	Overpayment credited from Form CT-183-M	81.	
82	Total prepayments (add lines 79, 80, and 81: enter here and on line 7)	82.	

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To order forms and publications: 1 800 462-8100

Business Tax Information Center: 1 800 972-1233

From areas outside the U.S. and

outside Canada: (518) 485-6800



Hotline for the hearing and speech impaired:

If you have access to a telecommunications device for the deaf (TDD), contact us at 1 800 634-2110. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.



If you need to write, address your letter to:
NYS TAX DEPARTMENT
BUSINESS TAX INFORMATION CENTER
W A HARRIMAN CAMPUS
ALBANY NY 12227